

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

MANUFACTURING STATION

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \*

Place of Birth

(Registration District)

County

No.

SEX OF CHILD\* Male ☒ and Number\* in order of birth ☒

DATE OF BIRTH\* Jan. 30, 1923  
(Month) (Day) (Year)

FULL NAME FATHER Pauline Pumar

FULL MAIDEN NAME MOTHER Katie Buechler

I HEREBY CERTIFY that the child described here named

Pumar, Arma  
(Give name in full) (Surname)

(Signature) Clarence Gu

\*These items to be entered by the local registrar before giving out this form.

(Physician or M)

Blank supplemental reports of birth may be obtained from the local registrar.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original c to nth day of following month.

d Dec 2/15/28 B.G. Fox Registrar 179-130-224